Supporting Information

Personalized, Disease-Specific Protein Corona Influences the Therapeutic Impact of Graphene Oxide

Mohammad Javad Hajipour ^{a,b,c}, Jamshid Raheb^{a*}, Omid Akhavan^d, Sareh Arjmand^e, Omid Mashinchian^c, Masoud Rahman^f, Mohammad Abdolahad^{g,h}, Vahid Serpooshan^{i*}, Sophie Laurent^j, and Morteza Mahmoudi^{c,i,k *}

^aDepartment of Medical Biotechnology, National Institute of Genetic Engineering and Biotechnology (NIGEB), Tehran, Iran.

^bThe Persian Gulf Marine Biotechnology Research Center, Bushehr University of Medical Sciences, Bushehr, Iran.

^eDepartment of Nanotechnology and Nanotechnology Research Center, Faculty of Pharmacy, Tehran University of Medical Sciences, Tehran, Iran.

^dDepartment of Physics, Sharif University of Technology, P.O. Box 11155-9161, Tehran, Iran.

^eDepartment of Clinical Biochemistry, Faculty of Medical Science, Tarbiat Modares University, Tehran, Iran.

^fDepartment of Chemical Engineering and Materials Science, University of California Davis, Davis, CA 95616, USA

^gNano Electronic Center of Excellence, Thin Film and Nanoelectronic Lab, School of Electrical and Computer Eng, University of Tehran, Tehran, Iran, P.O. Box 14395/515, Tehran, Iran

^hNano Electronic Center of Excellence, Nano Bio Electronic Devices Lab, School of Electrical and Computer Eng,University of Tehran,Tehran, Iran, P.O. Box 14395/515,Tehran,Iran

ⁱCardiovascular Institute, Stanford University School of Medicine, Stanford, California, United States.

^jDepartment of General, Organic and Biomedical Chemistry, NMR and Molecular Imaging Laboratory, University of Mons, 19 Avenue Maistriau, B-7000 Mons, Belgium.

^kDivision of Cardiovascular Medicine, Department of Medicine, Stanford University School of Medicine, Stanford, California, United States.

*Address correspondence to: (JR) jamshid@nigeb.ac.ir, (VS) <u>vserp1@stanford.edu</u>, (MM) Mahmoudi@stanford.edu



Figure S1. AFM images of hard corona coated CCGO sheets (5% plasma) obtained from diabetic patient (top panels) and their correspondence height profiles distribution (bottom panel).



Figure S2. AFM images of hard corona coated CCGO sheets (5% plasma) obtained from hypofibrinogenemia patient (top panels) and their correspondence height profiles distribution (bottom panel).

Healthy 5%, MCF-7



Figure S-3 A). Morphological sates of MCF-7 cells after incubation (24 h) with corona coated CCGO obtained from healthy subjects (P 5% and P50%).

Pregnancy 5%, MCF-7

Pregnancy 50%, MCF-7



Figure S-3 B). Morphological sates of MCF-7 cells after incubation (24 h) with corona coated CCGO obtained from pregnancy subjects (P 5% and P50%).

Diabetes 5%, MCF-7

Diabetes 50%, MCF-7



Figure S-3 C). Morphological sates of MCF-7 cells after incubation (24 h) with corona coated CCGO obtained from diabetic patients (P 5% and P50%).

Hypercholesterolemia 5%, MCF-7



Figure S-3 D). Morphological sates of MCF-7 cells after incubation (24 h) with corona coated CCGO obtained from hypercholesterolemia patients (P 5% and P50%).

Rheumatism 5%, MCF-7

Rheumatism 50%, MCF-7



Figure S-3 E). Morphological sates of MCF-7 cells after incubation (24 h) with corona coated CCGO obtained from rheumatism patients (P 5% and P50%).

Thalassemia Minor 5%, MCF-7

Thalassemia Minor 50%, MCF-7



Figure S-3 F). Morphological sates of MCF-7 cells after incubation (24 h) with corona coated CCGO obtained from thalassemia minor patients (P 5% and P50%).

Thalassemia Major 5%, MCF-7



Figure S-3 G). Morphological sates of MCF-7 cells after incubation (24 h) with corona coated CCGO obtained from thalassemia major patients (P 5% and P50%).

Fauvism 5%, MCF-7

Fauvism 50%, MCF-7



Figure S-3 H). Morphological sates of MCF-7 cells after incubation (24 h) with corona coated CCGO obtained from fauvism patients (P 5% and P50%).

Blood cancer 5%, MCF-7

Blood cancer 50%, MCF-7



Figure S-3 I). Morphological sates of MCF-7 cells after incubation (24 h) with corona coated CCGO obtained from blood cancer patients (P 5% and P50%).

Hypofibrinogen 5%, MCF-7

Hypofibrinogen 50%, MCF-7



Figure S3 J). Morphological sates of MCF-7 cells after incubation (24 h) with corona coated CCGO obtained from hypofibrinogenemia patients (P 5% and P50%).

MCF-7 cell-CONTROL (Nontreated)



Figure S3 K). Morphological sates of control MCF-7 cells.

Healthy 5%, MDA-MB 231



Figure S4 A). Morphological sates of MDA-MB-231 cells after incubation (24 h) with corona coated CCGO obtained from healthy subjects (P 5% and P50%).

Pregnancy 5%, MDA-MB 231



Figure S4 B). Morphological sates of MDA-MB-231 cells after incubation (24 h) with corona coated CCGO obtained from pregnancy subjects (P 5% and P50%).

Diabetes 5%, MDA-MB 231



Figure S4 C). Morphological sates of MDA-MB-231 cells after incubation (24 h) with corona coated CCGO obtained from diabetic patients (P 5% and P50%).

Hypercholesterolemia 5%, MDA-MB 231 Hypercholesterolemia 50%, MDA-MB 231



Figure S4 D). Morphological sates of MDA-MB-231 cells after incubation (24 h) with corona coated CCGO obtained from hypercholesterolemia patients (P 5% and P50%).

Rheumatism 5%, MDA-MB 231



Figure S4 E). Morphological sates of MDA-MB-231 cells after incubation (24 h) with corona coated CCGO obtained from rheumatism patients (P 5% and P50%).

Thalassemia minor 5%, MDA-MB 231

Thalassemia minor 5%, MDA-MB 231



Figure S4 F). Morphological sates of MDA-MB-231 cells after incubation (24 h) with corona coated CCGO obtained from thalassemia minor patients (P 5% and P50%).

Thalassemia major 5%, MDA-MB 231

Thalassemia major 50%, MDA-MB 231



Figure S4 G). Morphological sates of MDA-MB-231 cells after incubation (24 h) with corona coated CCGO obtained from thalassemia major patients (P 5% and P50%).

Fauvism 5%, MDA-MB 231

Fauvism 5%, MDA-MB 231



Figure S4 H). Morphological sates of MDA-MB-231 cells after incubation (24 h) with corona coated CCGO obtained from fauvism patients (P 5% and P50%).

Blood cancer 5%, MDA-MB 231



Blood cancer 50%, MDA-MB 231



Figure S4 I). Morphological sates of MDA-MB-231 cells after incubation (24 h) with corona coated CCGO obtained from blood cancer patients (P 5% and P50%).

Hypofibrinigenemia 5%, MDA-MB 231 Hypofibrinogenemia 5%, MDA-MB 231



Figure S4 J). Morphological sates of MDA-MB-231 cells after incubation (24 h) with corona coated CCGO obtained from hypofibrinogenemia patients (P 5% and P50%).

MDA-MB 231 Control (Nontreated)



Figure S4 K). Morphological sates of control MDA-MB-231 cells.